

## **REQUEST FOR REINSTATEMENT**

### **INSTRUCTIONS:**

Read all of the information in Part A of this form. Complete Part B and return this entire form to the Department of Employee Relations at the address listed above. If you have any questions, call 414-286-3394.

### **PART A:**

- Your request for reinstatement requires the approval of the department in which you were last employed [per Civil Service Rule VIII, Section 2 (e) and Rule X, Section 8]. Requests made within one year of resignation may be granted by your last employing department, while those greater than one year must also be approved by the Board of City Service Commissioners.
- Requests for reinstatement received within one year after resignation and subsequently approved are granted with full rights, meaning full prior service credit toward salary advancement and vacation accrual, previous sick leave balance. Requests received after more than one year but less than three years will receive full credit for salary advancement but service credit for sick leave and vacation. Requests received after three years, when approved, are granted with credit for salary advancement only.
- You will receive written notification of the final action taken on your request.
- If you are granted reinstatement, your name will be placed on the reinstatement list and you will receive notices for interviews as vacancies occur.
- **If you accept a job offer, you will be required to pass a pre-employment drug test as a condition of employment.**

### **PART B:**

**Name:**

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**Address:**

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**Zip Code:**

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**Phone No.:**

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**Pension No.:**

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**Social Security  
No.:**

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**Date of Separation  
From Service:**

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**Department Where Last Employed:**

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**Division Where Last Employed:**

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**Job Title:**

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*I have read and understand the information above. I am requesting that my name be placed on the reinstatement list for the Job Title listed above.*

**Signature**

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**Date**

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